

**FORM**  
**5**Rev  
02/08**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

2287014

Date Received:

01/18/2012

**DRILLING COMPLETION REPORT**

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 96850

4. Contact Name: SANDRA SALAZAR

2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

Phone: (303) 629-8456

3. Address: 1001 17TH STREET - SUITE #1200

Fax: (303) 629-8268

City: DENVER State: CO Zip: 80202

5. API Number 05-045-19561-00

6. County: GARFIELD

7. Well Name: Holl

Well Number: RWF 324-31

8. Location: QtrQtr: NWSW Section: 31 Township: 6S Range: 94W Meridian: 6

Footage at surface: Distance: 2128 feet Direction: FSL Distance: 1025 feet Direction: FWL

As Drilled Latitude: 39.479984 As Drilled Longitude: -107.934267

## GPS Data:

Data of Measurement: 01/26/2011 PDOP Reading: 0.9 GPS Instrument Operator's Name: JACK KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 681 feet. Direction: FSL Dist.: 2144 feet. Direction: FWL

Sec: 31 Twp: 6S Rng: 94W

\*\* If directional footage at Bottom Hole Dist.: 671 feet. Direction: FSL Dist.: 2140 feet. Direction: FWL

Sec: 31 Twp: 6S Rng: 94W

9. Field Name: RULISON

10. Field Number: 75400

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 06/16/2011 13. Date TD: 06/22/2011 14. Date Casing Set or D&amp;A: 06/23/2011

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8060 TVD\*\* 7702 17 Plug Back Total Depth MD 8009 TVD\*\* 7651

18. Elevations GR 5351 KB 5377

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

## 19. List Electric Logs Run:

SP/GR/HDIL/ZDL/CN AND CBL  
Mud

## 20. Casing, Liner and Cement:

**CASING**

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	18		0	103	38	0	103	VISU
SURF	13+1/2	9+5/8		0	1,475	375	0	1,475	VISU
1ST	8+3/4	4+1/2		0	8,044	1,265	3,540	8,044	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

**FORMATION LOG INTERVALS AND TEST ZONES**

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WASATCH G	2,021		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,552		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,042		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,993		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOC#2287012

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: SURFACE PRESSURE = 0#

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: SANDRA SALAZAR

Title: PERMITTING

Date: 12/30/2011

Email: SANDRA.SALAZAR@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2287016	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2287015	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2287014	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400274285	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	off hold--uploaded dir. template. approved without paper RPM; oper. to submit soon. all LAS logs rec'd.	4/19/2012 11:46:44 AM
Permit	Missing directional template Added mud to list of logs	2/10/2012 2:41:39 PM

Total: 2 comment(s)